



Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operating will be necessary to determine if it complies with the Maricopa County Health Code governing establishments.

PLAN REVIEW APPLICATION

ADVISORY: Plans/ applications must first be submitted to the following local City/County/State regulatory authorities if necessary, prior to plan review by this Department; Zoning, Planning, Building, Engineering, Liquor Control, Fire, etc.

AN INCOMPLETE PLAN SUBMITTAL WILL BE REJECTED!

Submit with *(Please refer to the appropriate construction guidelines):*

- ☐ One (1) complete set of plans (minimum size 8.5" x 11" or larger)
- ☐ Plan Review fee
- ☐ Include one (1) plumbing site plan (including wells & septic systems), if project is not in any city.

Enclose the following documents:

- ☐ Intended menu (Including seasonal, off-site, & banquet menus): Service Style, Type of Foods
- ☐ Finish schedule
- ☐ Plumbing schedule, including location of water heaters, overhead wastewater lines, floor drains/sinks
- ☐ Equipment schedule
- ☐ Mfr. specification sheets for each piece of equipment shown on the plan
- ☐ Lighting plan, including all areas that are to be shielded
- ☐ Complete exhaust ventilation plans (HVAC), including restroom ventilation
- ☐ All existing equipment & finishes must be defined
- ☐ Site plan showing the location of the business on site including the alley, streets and location of any outside equipment (dumpsters, well, septic system, including restrooms, if applicable)
- ☐ Written legal agreement for shared restrooms not located within the establishment.

Projected date for start of project _____

Projected date for completion of project _____

(Fill in/ Check all that apply. Please write "N/A" if not applicable.)

Type of Operation/ Service: Dine in ___ Take out ___ Caterer ___ Bar ___ Grocery ___

Other ___ Please specify (e.g. School grounds, hotel, pet shop etc.) _____

Hours of Operation: _____ **Seating Capacity:** _____ **# Of Staff:** _____

Of Food handler cards: _____ **Certified Food Service Manager On Site? (Y/ N)**

Sewer Type: Public ___ Private/ Septic ___ **Water Type:** Public ___ Private / Well ___

Total Square Feet Of The Facility: _____ **Number of levels on which operations are conducted:** _____

Drive-thru/ pick-up window? (Y/ N) Continuous openings/ doors off dining/bar area to the exterior? (Y/ N)

Anticipated number of meals/ volume of food to be sold or served: Breakfast ___ Lunch ___ Dinner ___

Will alcohol be served and consumed on site? (Y/ N)

I have submitted the necessary plans/ applications to the proper local City/ County/ State regulatory authorities prior to this submittal (Y/ N).

NAME OF ESTABLISHMENT _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ PHONE () _____

NAME OF OWNER/ (BILLING PARTY) _____
ADDRESS (BILLING) _____
CITY _____ STATE _____ ZIP CODE _____ PHONE () _____

NAME OF CONTRACTOR _____ PHONE () _____

NAME OF ARCHITECT _____ PHONE () _____

ANY CORRESPONDENCE PERTAINING TO REVIEW OF YOUR PLANS IS TO BE SENT TO:

NAME/ TITLE: _____
ADDRESS: _____
CITY _____ STATE _____ ZIP CODE _____ PHONE () _____

FEE SUBMITTAL AMOUNT (Note: Fees are subject to change.)

<u>QUANTITY</u>	<u>PLAN TYPE</u>	<u>AMOUNT</u>	<u>TOTAL \$</u>
_____	Restaurant 0-9 seating	\$250.00	_____
_____	Restaurant 10+ seating	\$350.00	_____
_____	* All other food establishments	\$350.00	_____
_____	Public accommodations	\$300.00	_____
_____	Pet shop	\$175.00	_____
_____	School grounds - No kitchen	\$250.00	_____
_____	Remodel fee-approved only by inspector		_____
_____	**EXPEDITE FEE 2x fee amount		2x TOTAL

Notes: Inspections will be conducted during normal business hours Monday to Friday, between the hours of 7am & 5pm.

*Includes retail grocery, meat, bakery, food processor, school cafeteria, food jobber (food storage facility), caterer etc.

**Establishments in operation or opening within 15 days of plan submittal will be charged and expedite fee.

TOTAL DUE _____

I hereby certify that the above information is correct and these documents comply with the Maricopa County Health Code, and I fully understand that any deviation from the above without prior permission from this Environmental Health Regulatory Office may nullify final approval.

(Please Print) Signature Title / Date

OFFICE USE ONLY

Old Permit ID #'s _____
Kind (New, Remodel, Expedite) _____ Type(s) ___, ___, ___, ___, ___, ___, ___
Plan Review ID #'s _____
Date Received _____ Receipt # _____ Site Location _____
Plan Review District # _____

FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, FRP, 4" vinyl coved base, vinyl-faced acoustical ceiling tile, etc.) will be used in the following areas.

	Floor(s)	Wall(s)	Coving(s)	Ceiling(s)	Remarks:
Kitchen:					
Bar(s):					
Food Storage:					
Other Storage:					
Restroom(s):					
Dressing Room(s):					
Garbage & Refuse Storage:					
Mop Sink(s):					
Warewashing:					
Walk-in Freezer(s) And Refrigerator(s):					
Interior(s) under Vent Hood(s):					

PLUMBING SCHEDULE

Applicant must indicate all plumbing connections that are applicable to the establishment.

	Air Gap	Air Break	Integral Trap	Vacuum Breaker	Condensate /Pump	Remarks
Sinks: Handwash:						
Mop:						
3-Comp: <i>(Note: Grease traps must be approved by city.)</i>						
Food Prep:						
Dishwasher:						
Ice Machine(s):						
Ice Storage bin(s):						
Water station(s):						
Condensate Drain lines:						
Steam table(s):						
Dipper Well(s):						
Beverage station(s):						
Garbage grinder:						
Water Heater: <i>(Indicate size & recovery rate)</i>						
Other:						